

STATE OF OKLAHOMA  
DEPARTMENT OF HUMAN SERVICES  
**REQUEST FOR BACKGROUND CHECK**

**PART A. APPLICANT.** Please print clearly. Form must be completed and signed or it will be returned.

<b>Legal name</b>		Last		First	Middle	Other names used (including maiden)	
Date of birth ____/____/____		City and state of birth			Race	Sex	Phone number ( )
Social Security number			Driver's license number			State	
Current address		City		State		Zip	
Marital status		Spouse's name					
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please explain:							

**RELEASE STATEMENT.**

I, \_\_\_\_\_ hereby certify that I understand the purpose of this form and background check and grant permission, without recourse, for the use and release of information as necessary for the purpose of obtaining a criminal background check and driving record. This information cannot be released for any other purpose without my written permission.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**PART B. REQUESTING AUTHORITY AND LOCATION.** For example: DHS worker, case manager, private agency, attorney, or licensed individual. Please print clearly. Do not leave any information blank.

Office, county or other location <b>where results are to be sent</b>				Contact person		
Address		City	State	Zip	Phone number ( )	Fax
I have explained the purpose of this form and the background check to the above-named applicant.						
_____ Authority signature from requesting office					_____ Date	

**IMPORTANT - CHECK PURPOSE.**

<input type="checkbox"/> Aging Services	<input type="checkbox"/> CW volunteer	<input type="checkbox"/> FOD employee	Other (Explain): _____
<input type="checkbox"/> CW adoption	<input type="checkbox"/> DDSD foster care	<input type="checkbox"/> PEMS employee	
<input type="checkbox"/> CW foster care	<input type="checkbox"/> ICW	<input type="checkbox"/> Private adoption (w/payment)	
<input type="checkbox"/> CW kinship	<input type="checkbox"/> LDS employee	<input type="checkbox"/> Private foster care	
<input type="checkbox"/> Follow-up to after-hours kinship check		<input type="checkbox"/> Emergency, must have results same day as requested	

**STATE OFFICE USE ONLY - LEAVE BLANK FOR SEARCH RESULTS**

OSBI Fingerprint Search -  FBI Fingerprint Search -  Dept. of Public Safety Search -  Sex Offender Registry Search -	OSBI Name Search -  Dept. of Public Safety Search -  Sex Offender Registry Search -
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